

Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

Monitoring Waiver Application

Water Quality

PWS ID# _____

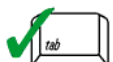
2005 – 2007 Monitoring Waiver Program

PWS Name _____

New/Existing Sources without Monitoring Waivers

Community and Non-Transient Non-Community Public Water Systems

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Public Water Supply Information

1. General Information

PWS Name _____

PWS Mailing Address _____

PWS Physical Address (if different) _____

Contact Name _____

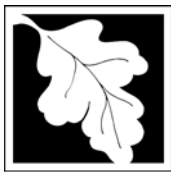
Contact Phone Number _____

2. System type (check two): ☐ Community ☐ Non-Transient Non-Community
☐ Municipal ☐ Non-Municipal

B. Waiver Information

List all sources and check appropriate contaminant group for which a waiver is being requested:

Source ID # (e.g. 01G)	Volatile Organics (VOC)	Synthetic Organics (SOC)	Inorganics (IOC)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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New/Existing Sources without Monitoring Waivers

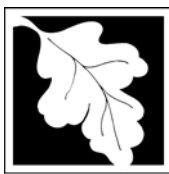
Community and Non-Transient Non-Community Public Water Systems

Sources with any historic detection of a VOC (including MTBE but excluding the four trihalomethanes (THMs: chloroform, chlorodibromomethane, bromodichloromethane, bromoform) are not eligible for VOC waivers.

C. VOC Information

All sources must four consecutive quarterly sample results collected since January 1, 2002.

Source ID # (e.g. 01G)	Information from Attached VOC Report(s)	
	Sample Location	Date (MM/DD/YY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Community and Non-Transient Non-Community Public Water Systems

D. SOC Information

All sources must submit 1 SOC sample result collected since January 1, 2002.

Source ID #
(e.g. 01G)

Information from Attached SOC Report(s)

Sample Location

Date (MM/DD/YY)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important:
Sodium, Nitrate and Nitrite are not included in the Monitoring Waiver Program. All sources must test for these contaminants. Sodium, Nitrate and Nitrite sampling frequencies will not be reduced.

E. IOC Information

Sources without 2002-2004 IOC Waivers:

Sources Granted 2002-2004 IOC Waivers: IOC waivers that were granted for the 2002-2004 compliance cycle remain in effect through the end of the 2002-2010 compliance cycle with the exception of arsenic. In order to apply for an arsenic waiver for the remainder of the current compliance cycle the following must be submitted:

Groundwater Sources:

- must submit one arsenic sample result collected since January 1, 2005 and
- must submit two previous compliance period arsenic sample results and
- all sample results submitted must meet the **arsenic data** criteria discussed below.

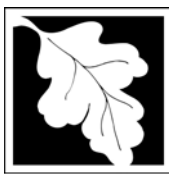
Surface Water Sources:

- must submit one annual arsenic sample result collected since January 1, 2005 and
- must submit two previous annual arsenic sample results and
- all sample results submitted must meet the **arsenic data** criteria discussed below.

IOC Waiver Requirements (except arsenic) for Sources without 2002-2004 IOC Waivers:

Groundwater Sources: must submit 1 IOC sample result collected since January 1, 2002.

Surface Water Sources: must submit 3 annual IOC sample results collected during 2002-2004.



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E. IOC Information (cont.)

Arsenic Waiver Requirements for Sources without 2002-2004 IOC Waivers:

Groundwater Sources:

- must submit one arsenic sample result collected since January 1, 2005 and
- must submit two previous compliance period sample results and
- all sample results submitted must meet the **arsenic data** criteria discussed below.

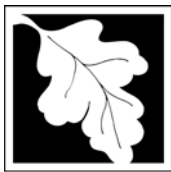
Surface Water Sources:

- must submit three annual arsenic sample results collected during 2002-2004 and
- must submit one annual arsenic sample result collected in 2005 and
- the 2003, 2004, and 2005 arsenic sample results must meet the **arsenic data** criteria discussed below.

Arsenic Data: In January 2006 the arsenic MCL will be lowered from 0.05 mg/L to 0.010 mg/L. Accordingly, as IOC waivers cover the entire 9 year compliance cycle (2002 – 2010), all arsenic monitoring data submitted in order to obtain an arsenic waiver must meet the following criteria:

- Arsenic analyses must have been completed by EPA Methods 200.8 or 200.9; SM 3113B or 3114B; or ASTM D-2972-97B or D-2972-97C and
- the reported laboratory detection limits must be below 0.005 mg/L.

Source ID # (e.g. 01G)	Information from Attached IOC Report(s)	
	Sample Location	Date (MM/DD/YY)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Attach as many copies of the diagram as are necessary to describe all multiple source sampling locations.

All sources must have been in operation at the time of sampling.

F. Multiple Sources (Manifolding)

1. Does your sampling point represent multiple sources, which are combined before distribution? ☐ Yes ☐ No
- If yes, list the sources that are combined before distribution for each sampling location and include a sampling tree (see Attachment 7):

Sample Location

Source ID #s (e.g. 01G, 02G)

Multiple #1

Multiple #2

Multiple #3

2. Are all the sources that are manifolded to each of the above multiple source sampling locations always pumped simultaneously? ☐ Yes ☐ No

If no, explain:

G. Source Configuration and Pumping Characteristics

1. Have there been any changes in your system's configuration and operating procedures since 1990 (e.g. manifolding two or more sources, adding new sources)? ☐ Yes ☐ No

If yes, explain:

2. Have there ever been any system changes such as pumping rates or stream flows/characteristics since 1993? ☐ Yes ☐ No
- If yes, indicate the yearly pumping rates for the past three years for those sources for which a waiver is being requested:

Source ID # (e.g. 01G)

Gal/Year 1

Gal/Year 2

Gal/Year 3



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H. Certification

"I certify, under penalty of perjury, that all information submitted in support of this application for a monitoring waiver is true to the best of my knowledge."

Name

Signature

Position/Title



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

Monitoring Waiver Application Wellhead Protection Form

PWS ID# _____

2005-2007 Monitoring Waiver Program

PWS Name _____

New/Existing Sources without Monitoring Waivers

Community and Non-Transient Non-Community Public Water Systems

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Public Water Supply Information

1. General Information

PWS Name _____

PWS Mailing Address _____

PWS Physical Address (if different) _____

Contact Name _____

Contact Phone Number _____

Type of Public Water Supply (check two): ☐ Community ☐ Non-Transient Non-Community
☐ Municipal ☐ Non-municipal

B. Source Information

1. Provide the following information for each groundwater source and the waiver requested.

		Waiver Type		
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name _____	Source ID # (e.g. 02G) _____	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>



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Monitoring Waiver Application Wellhead Protection Form

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New/Existing Sources without Monitoring Waivers

Community and Non-Transient Non-Community Public Water Systems

C. Land Use Inventory

It is important that you fill out a **separate land use inventory for each source** and note the Source ID number and name on each page, unless applicable to all sources.

Please describe below all indicated land uses within the Zone I protection area and Zone II or Interim Wellhead Protection Area (IWPA).

DEP will verify land use and protection information during sanitary surveys. Failure to indicate any land use that may be a threat to drinking water could result in penalties and/or the revocation of a waiver.

Source ID# _____

Source Name _____

1. Land Use/Activity within Zone I: _____

Number of Septic Systems _____

Number of Parking Lots and/or Highways (specify type): _____

Number of Underground Storage Tanks (specify fuel type): _____

Number of Aboveground Storage Tanks (specify fuel type): _____

Describe any Agricultural, Commercial, or Industrial* activity (specify type) _____

2. For a **VOC** Waiver, note any of the following activities within the Zone II or IWPA:

Dry cleaners, electroplaters, computer manufacturing, gas stations, auto repair/body, boat repair, or petroleum storage tank farms. _____

3. For a **SOC** Waiver, note any of the following activities within the Zone II or IWPA:

Nurseries, landscaping, agricultural activities, or golf courses _____

4. For an **IOC** Waiver, note any of the following activities within the Zone II or IWPA:

Paint shops, research labs, solid waste incinerators or transportation corridors _____

5. Are there ANY industrial * activities (e.g. manufacturing), asphalt plants, military activities, and/or DEP classified hazardous materials release (21 E) sites**?

Yes ☐ No ☐

Describe if uncertain _____

* Industrial activities do not include commercial land uses such as restaurants, car washes, medical facilities, or golf courses.

** see www.mass.gov/dep/bwsc/sites/report.htm to check for hazardous materials release sites



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New/Existing Sources without Monitoring Waivers

Community and Non-Transient Non-Community Public Water Systems

Note: See Attachment 2 for a sample wellhead land use map.

Note: See Attachment 1 for a checklist of DEP guidelines for a small system Wellhead Protection Plan.

Note: Any letters of notification must have been sent within the last 3 years.

D. Systems with sources pumping <100,000gpd

1. Wellhead Land Use Map. You may use a SWAP map, street map, or town tax assessor's map as a base map. Please identify and clearly label for each well:
 - Wellhead with Source ID number, Zone I and IWPA radii around the well.
 - North arrow and distance scale
 - Identify all land uses within the Zone I and IWPA, including septic systems, parking lots, local roads and highways, commercial properties, golf courses, and others that might store or generate hazardous materials.
2. The public water system must meet at least one of the following two criteria:
 - The public water system must inform residents, employees, the public, landowners, etc., that they are within the Zone 1 and IWPA/Zone II of a public water supply. Notification may include letters and/or posters. See Attachments 3 and 4 for sample notification materials. Please attach copies of these letters and/or posters; or,
 - The above notification criteria does not have to be met if the IWPA/Zone II for the public water system is entirely located within an Aquifer Protection District with associated zoning by-laws that are currently in effect. Please attach a copy of the Aquifer Protection District map.

Date of Notification _____

Notification Description _____

Note: If you do not have a wellhead protection compliance letter from DEP, **please attach your local controls for review.**

E. Systems with sources pumping >100,000gpd

Does your town have controls that meet 310 CMR 22.21(2) and which cover the Zone II?

Yes ☐ No ☐

F. Certification

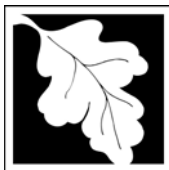
"I certify, under penalty of perjury, that all information submitted in support of this application for a monitoring waiver is true to the best of my knowledge."

Name _____

Authorized Signature _____

Position / Title _____

Submit all materials to:
Department of Environmental Protection,
Drinking Water Program, ATTN:
Monitoring Waivers, One
Winter Street, 6th
Floor, Boston, MA
02108



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

Monitoring Waiver Application Surface Water Protection Form

PWS ID# _____

2005-2007 Monitoring Waiver Program

PWS Name _____

New/Existing Sources without Monitoring Waivers

Community and Non-Transient Non-Community Public Water Systems

Important:

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A. Public Water Supply Information

1. General Information

PWS Name _____

PWS Mailing Address _____

PWS Location (if different) _____

Contact Person and Phone Number _____

Type of Public Water Supply (check two): ☐ Community ☐ Non-Transient Non-Community
☐ Municipal ☐ Non-municipal

B. Source Information

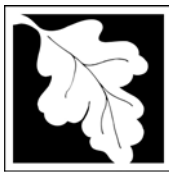
1. Provide the following information for each surface water source and the VOC and/or SOC waiver requested.

Waiver Type

Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>
Source Name	Source ID # (e.g. 02S)	IOC <input type="checkbox"/>	VOC <input type="checkbox"/>	SOC <input type="checkbox"/>

2. Is any other surface water diverted to this source (i.e. seasonal diversion)? Yes ☐ No ☐

If yes, list those surface waters:



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Monitoring Waiver Application Surface Water Protection Form

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2005-2007 Monitoring Waiver Program

PWS Name _____

New/Existing Sources without Monitoring Waivers

Community and Non-Transient Non-Community Public Water Systems

Fill out a separate Land Use Inventory for each source and note the Source ID number and name on each page, unless applicable to all.

C. Land Use Inventory

Please describe below all indicated land uses within the Zone A protection area (both reservoir and tributaries) as well as Zones B and C of your source.

DEP will verify land use and protection information during sanitary surveys. Failure to note a land use that may be a threat to drinking water could result in penalties and/or the revocation of a waiver.

Source ID# (e.g. 02S) _____

Source Name _____

1. Land Uses and activities within Zone A:

Number of septic systems: _____

Number of Underground Storage Tanks (specify fuel type): _____

Number of Aboveground Storage Tanks (specify fuel type): _____

Describe any agricultural, commercial, or industrial* activities _____

2. For a **VOC** Waiver, note any of the following activities within the Zones A, B, or C:

Dry cleaners, electroplaters, computer manufacturing, gas stations, auto repair/body, boat repair, or petroleum storage _____

3. For a **SOC** Waiver, note any of the following activities within the Zones A, B, or C:

Nurseries, landscaping, agricultural activities, or golf courses _____

4. For an **IOC** Waiver note any of the following activities within the Zones A, B, or C:

Paint shops, research labs, solid waste incinerators, or transportation corridors _____

5. For **all** waivers, are there any other facilities that might use or store hazardous materials? Are there any other industrial* or military activities, or DEP classified hazardous materials release (21 E) sites**?

Yes ☐ No ☐

Describe if uncertain _____

* Industrial activities do not include commercial land uses such as restaurants, car washes, medical facilities, or golf courses.

**To check for hazardous materials release sites, see www.mass.gov/dwp/bwsc/sites/rep/ort.htm



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Community and Non-Transient Non-Community Public Water Systems

PWS ID#

PWS Name

D. Surface Water Protection Measures

1. Describe watershed protection bylaws/ordinances/health regulations.

Note: PWS
serving >25,000
people must
have an
approved plan to
receive a waiver.

2. Does the system have a DEP-approved Surface Water Supply Protection Plan? Yes ☐ No ☐

3. How do you log your inspections of supplier-owned watershed properties?

4. How often do you inspect watershed lands for illegal dumping?

5. Describe one example of how you will educate residents or businesses about drinking water protection, or how you have done so during the past year.

6. Describe any other protection measures taken (e.g. removal of hazardous materials from Zone A, a memorandum of understanding with farmers not to use pesticides within Zone A, etc.), including other bylaws/ordinances/health regulations (e.g. hazardous materials control regulations).

Submit all
materials to:
Department of
Environmental
Protection,
Drinking Water
Program, ATTN:
Monitoring
Waivers, One
Winter Street, 6th
Floor, Boston,
MA 02108

E. Certification

"I certify, under penalty of perjury, that all information submitted in support of this application for a monitoring waiver is true to the best of my knowledge."

Name

Authorized Signature

Position / Title